

WORKFORCE SERVICES

sdjobs.org

[**See WIOA Policy 4.7 for definition of family*](#)**APPLICANT STATEMENT OF FAMILY* INCOME**

This form is used to verify the last six months of your income. Income information is a part of federal reporting requirements. Your income may help you qualify for other opportunities from DLR. Enter financial information as prompted, sign, and date this document.

Participant Name:

Six Month Income Dates:

	Family Member**	Company Name	Start	End	# of Weeks <i>worked in last 6 mo</i>	Hrs/week	Hrly wage	=Total
1								
2								
3								
4								
5								
6								
7								
8								
					Totals	Last 6 months of income	=	

12 Months
(doubled 6 mo income)

I certify, under penalty of perjury, that the information stated above is true and accurate. I understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination from this program and/or penalties as specified by law.

Signed _____ Date*** _____

**Those listed as Family Members should match SDWORKS

***Must be within 30 days of WIOA application